



Affordable Health Insurance for Small Business

Association Health Plans offer
convenience, choice and flexibility

EMAIL GROUP QUOTES TO:

PHP-GroupQuotes@uhsinc.com

ASK ABOUT:

The ability for groups to
enroll throughout the year!

Prominence[®]
Health Plan

REV JUN23

About Prominence

For 30 years Prominence Health Plan has been providing health service excellence and quality care to our customers. Our operations are locally managed and we deliver hands-on, personal support to those we serve.

Prominence offers a spectrum of products, including commercial group health plans—for both fully-insured and self-funded arrangements—along with Medicare Advantage plans.

Since 2014, Prominence Health Plan has been owned and operated by a subsidiary of Universal Health Services, Inc., a Fortune 500 company named among the “World’s Most Admired Companies”.



Prominence Association Health Plans

In a dedicated effort to bring more affordable, high-quality health plans to small businesses throughout Nevada, Prominence Health Plan launched our Association Health Plans in partnership with key industries and businesses. Our Association Health Plans allow small employers to join as one entity to purchase the type of coverage that is traditionally available to large group employers. This results in less expensive and richer health plan options that can then be passed along to the employee.

“Prominence provides our small business with the phenomenal coverage plans that we need for our office. With Prominence, our employees are covered by affordable health plans that cater to each individual’s needs.”

Ali Nairizi, MD
Reno Tahoe Pain Associates
United Pain Express Care



“I always said that I would build a company that provided more than just cash... Getting our people health coverage is a tremendous asset. I’ve worked construction for over 30 years and I never had health coverage. Having coverage is a big part of my vision for our company and was made possible by the Association Health Plans from Prominence.”

Damon Hobbs
KD Electric



“The Reno + Sparks Chamber of Commerce Association Health Plan has helped our organization offer comprehensive, competitive benefits to help retain our most valuable employees. Being a small non-profit organization, our benefit offerings are vital to attracting new employees and helping us maintain a healthy, happy work culture.”

Andrea L. Gregg, CEO
High Sierra AHEC



Association Health Plans

Large Group Benefits for Small Employer Groups

- A range of coinsurance options
- Copays for widely used benefits like PCP visits, specialists and lab services
- Statewide HMO open access and PPO national network access
- All plans include pediatric dental and vision coverage (up to age 19)

Employees Have Options... and Flexibility

- Choose from a variety of health plan options, including HSA-qualified
- Affordable monthly premiums



Complimentary COBRA Administration

We heard and assessed the needs of the business community and are pleased to announce COBRA Administration at **NO COST** to group clients. Prominence has partnered with a reputable third-party to provide COBRA notification and, once a group has elected the service, we will cover the costs for administration.

About Our Plans

HMO

Our statewide HMO network provides easy, accessible and comprehensive care for members no matter where they reside in the state. HMO members can see a specialist without a referral.

POS

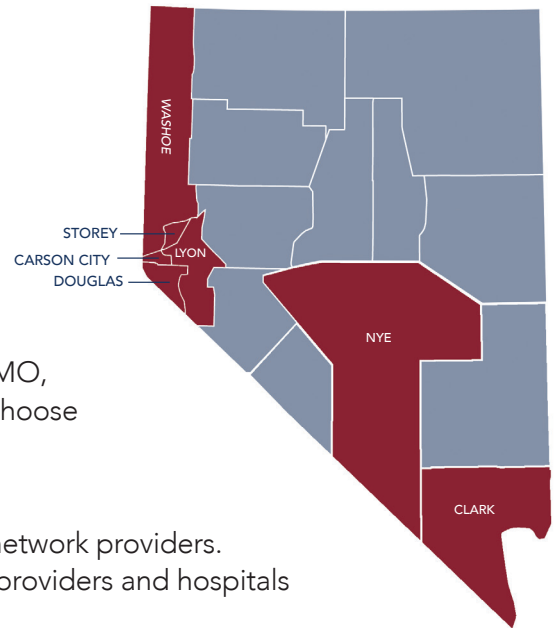
Combines the convenience and low out-of-pocket expenses of an HMO, more independence to choose a PPO provider and the flexibility to choose any licensed care provider – all in a three-tier benefit package.

PPO

Offers lower out-of-pocket costs for covered services when using in-network providers. With a Prominence PPO plan, members have access to a network of providers and hospitals including many of the highest quality providers in Nevada.

HMO & PPO Qualified HDHPs

Consumer-directed healthcare plans help employers manage costs, while providing convenience and flexibility to members. Employers can choose to contribute to the employee's Health Savings Account and the funds can then be used to pay for eligible medical expenses for themselves and their immediate family. Unused funds roll over annually.





We've Got Members Covered

Making sure members have access to quality, convenient health care is just as important to them as it is to us. That's why we are so proud of our Prominence provider network. We offer a variety of care choices from highly respected providers across the state.

The Valley  Health System®



Prominence Members Have Multiple Access Points for Care!



10 LOCATIONS!



AFFILIATED WITH SUNRISE HEALTH

18 LOCATIONS!



11 LOCATIONS!



Reno
Diagnostic
Centers

2 LOCATIONS!



PINNACLE MEDICAL GROUP

4 LOCATIONS!



Northern Nevada
MEDICAL GROUP

8 LOCATIONS!

Including Urgent Care



AT McCARRAN NW
An Extension of Northern Nevada Medical Center

OPEN 24/7



minute clinic™

13 LOCATIONS STATEWIDE!



AT SPANISH SPRINGS
An Extension of Northern Nevada Medical Center

OPEN 24/7



Telemedicine through **Teladoc** can be used for medical issues like sinus problems and respiratory and ear infections, and members also have access to mental health services for anxiety, depression and stress.



An in-home care option in southern Nevada for dizziness, digestion, dermatology, respiratory needs and more. For every in-home visit, **DispatchHealth** will send a physician assistant or nurse practitioner along with a medical technician. Services include EKG, stitches, splinting and IV insertion.



National Network Access through Cigna®

Through a collaboration with Cigna, Prominence is pleased to now offer a network for members who live, work or travel outside of Nevada and who have national network benefits available within the following Prominence health plans:

- POS (Tier 2)
- PPO
- PPO HDHP

Cigna has an expansive national PPO network that includes more than 6,100 hospitals, more than 1 million physicians and multiple ancillary providers across the country.¹

As with other networks, it will always be the member's responsibility to validate that a provider they are seeing is in the network.



IMPORTANT! Please note: The Cigna PPO network² is available for national network access outside the state of Nevada for those specific groups with plans that include national network benefits. It is not available within the state of Nevada. For in-state providers, visit www.prominencehealthplan.com.

¹ Based on Cigna analysis, September 2022. Subject to change.

² The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO Network for Shared Administration.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Cigna is an independent company and not an affiliate of Prominence Health Plan.



wellPORTAL Primary Care Network

Where patients come first.

Prominence is pleased to now offer a value-based care network through our established relationship with wellPORTAL. Members in southern Nevada have access to the network for a \$0 copay.

ACCESS TO TOP DOCTORS

wellPORTAL PCPs are held to strict standards for:



PATIENT SATISFACTION



QUALITY OF CARE



PRACTICE EFFICIENCY

VIP CUSTOMER SERVICE

Using a **wellPORTAL PCP** entitles members to:



VIP PHONE LINE to easily schedule appointments and contact PCPs



SAME DAY VISITS WHEN SICK if a call is placed before 10am



ON-TIME APPOINTMENTS
See a PCP within 15 minutes of a scheduled appointment



Members must call the VIP phone line (844-508-5558) to ensure VIP scheduling and customer service.

wellPORTAL
PRIMARY CARE NETWORK
www.wellportal.com

2023/2024 Benefit Overview

All medical plan options were carefully designed for NBA members. Businesses can offer up to THREE different health plans, so employees have a choice when it comes to what works best for them. Benefits listed below are in-network.

PLANS RENEW JUNE 1, 2024

In-Network Benefits	HMO 2000	HMO 3000	HMO 6000	POS 3000* HMO/PPO	POS 5000* HMO/PPO	PPO 2500*	PPO HDHP 3000* ¹
Calendar Year Deductible (CYD)							
Individual	\$2,000	\$3,000	\$6,000	\$3,000/\$3,500	\$5,000/\$5,500	\$2,500	\$3,000
Family	\$6,000	\$6,000	\$12,000	\$6,000/\$7,000	\$10,000/\$11,000	\$5,000	\$6,000
Coinsurance							
	20%	30%	40%	30%	30%	30%	10%
Out-of-Pocket Maximum							
Individual	\$6,850	\$8,150	\$8,150	\$6,850/\$8,150	\$7,300/\$8,000	\$8,150	\$5,000
Family	\$13,700	\$16,300	\$16,300	\$13,700/\$16,300	\$14,600/\$16,000	\$16,300	\$10,000
Provider Office Visits							
Telemedicine - Teladoc	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay
Primary Care Provider (PCP)	\$25 copay	\$30 copay	\$35 copay	\$25/\$50 copay	\$30/\$60 copay	\$30 copay	CYD/10%
wellPORTAL Primary Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay
Specialist	\$50 copay	\$60 copay	\$70 copay	\$50/\$80 copay	\$60/\$90 copay	\$60 copay	CYD/10%
Emergency/Urgent Care							
Ambulance – Ground & Air	\$250 copy per trip	\$500 copy per trip	\$1,000 copy per trip	\$500 copy per trip	\$1,000 copy per trip	\$500 copy per trip	CYD/10% copy per trip
Emergency Room	CYD	CYD/\$2,000 copay	\$2,000 copay	CYD 30%/CYD 30%	\$1,000 copay	CYD/30%	CYD/10%
Urgent Care	\$50 copay	\$60 copay	\$70 copay	\$50/\$100 copay	\$50/\$100 copay	\$50 copay	CYD/10%
Hospital/Facility/Surgical							
Outpatient Surgical	\$250 copay	\$500 copay	\$1,000 copay	\$500 copay/ CYD 30%	\$1,000 copay/ CYD 30%	\$500 copay	CYD/10%
Inpatient Hospital	CYD/\$1,000 copay	CYD/\$2,000 copay	CYD/40%	CYD \$2,000/ CYD 30%	CYD 30%/ CYD 30%	CYD/30%	CYD/10%
Pharmacy							
FDA-approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Generic/Brand/Non-Brand	\$15/\$40/\$60	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$10/\$30/\$50	CYD/10%
Specialty	20%	20%	20%	20%	20%	20%	CYD/10%
Radiology							
Routine X-Ray & Diagnostic	\$25 copay	\$30 copay	\$35 copay	\$25/\$50 copay	\$30/\$60 copay	\$30 copay	CYD/10%
CT Scan & MRI	\$250 copay	\$500 copay	\$1,000 copay	\$500 copay/ CYD 30%	\$1,000 copay/ CYD 30%	\$500 copay	CYD/10%
Complex Diagnostic	CYD/20%	CYD/30%	\$2,000 copay	CYD 30%/ CYD 30%	CYD 30%/ CYD 30%	CYD/30%	CYD/10%
Maternity							
Prenatal Care & Delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay/CYD 30% per delivery	\$200 copay/CYD 30% per delivery	\$200 copay per delivery	CYD/10% per delivery
Delivery Room & Well-baby Hospital	CYD/\$1,000 copay	CYD/\$2,000 copay	CYD/40%	CYD \$2,000/ CYD 30%	CYD 30%/ CYD 30%	CYD/30%	CYD/10%
Mental Health/Alcohol & Drug Abuse Services							
Inpatient	CYD/\$1,000 copay	CYD/\$2,000 copay	CYD/40%	CYD \$2,000/ CYD 30%	CYD 30%/ CYD 30%	CYD/30%	CYD/10%
Outpatient	\$250 copay	\$500 copay	\$1,000 copay	\$500 copay/ CYD 30%	\$1,000 copay/ CYD 30%	\$500 copay	CYD/10%
Office Visit	\$25 copay	\$30 copay	\$35 copay	\$25/\$50 copay	\$30/\$60 copay	\$30 copay	CYD/10%
Lab and Pathology							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/10%
Pediatric Dental & Vision - Diagnostic and Preventive (up to age 19)							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

¹ High Deductible Health Plans are subject to deductible first and benefits will be rendered at the contractual rate based upon type of service. Refer to the Summary of Benefits document for benefit details, limitations and exclusions. This document is for plan comparison purposes only.

*Indicates plans with national network access outside Nevada



2023/2024 Benefit Overview

All medical plan options were carefully designed for NHLA members. Businesses can offer up to THREE different health plans, so employees have a choice when it comes to what works best for them. Benefits listed below are in-network.

PLANS RENEW AUGUST 1, 2024

In-Network Benefits	HMO 2000	HMO 3000	HMO 6000	POS 3000 HMO/PPO*	POS 5000 HMO/PPO*	PPO 1000*	PPO HDHP 3000* ¹
Calendar Year Deductible (CYD)							
Single	\$2,000	\$3,000	\$6,000	\$3,000/\$3,500	\$5,000/\$5,500	\$1,000	\$3,000
Family	\$6,000	\$9,000	\$12,000	\$6,000/\$7,000	\$10,000/\$11,000	\$3,000	\$6,000
Coinsurance							
	20%	30%	40%	30%	30%	20%	0%
Out-of-Pocket Maximum							
Single	\$6,600	\$7,100	\$8,150	\$6,850/\$8,150	\$7,300/\$8,000	\$5,000	\$3,000
Family	\$13,200	\$14,200	\$16,300	\$13,700/\$16,300	\$14,600/\$16,000	\$10,000	\$6,000
Provider Office Visits							
Telemedicine - Teladoc	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay
Primary Care Provider (PCP)	\$25 copay	\$30 copay	\$35 copay	\$25/\$50 copay	\$30/\$60 copay	\$20 copay	CYD/0%
wellPORTAL Primary Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay
Specialist	\$50 copay	\$60 copay	\$70 copay	\$50/\$80 copay	\$60/\$90 copay	\$40 copay	CYD/0%
Emergent/Urgent Care							
Ambulance – Ground & Air	CYD/20%	CYD/30%	\$1,000 copay per trip	\$500 copay per trip	\$1,000 copay	CYD/20%	CYD/0%
Emergency Room	\$500 copay	\$500 copay	\$2,000 copay	CYD 30%	\$1,000 copay	\$750 copay	CYD/0%
Urgent Care	\$50 copay	\$50 copay	\$70 copay	\$50/\$100 copay	\$50/ \$100 copay	\$40 copay	CYD/0%
Hospital/Facility/Surgical							
Outpatient Surgical & Observation	\$750 copay	\$1,000 copay	\$1,000 copay	\$500 copay/CYD 30%	\$1,000 copay/CYD 30%	\$750 copay	CYD/0%
Inpatient Hospital	CYD/20%	CYD/30%	CYD/40%	CYD \$2,000/CYD 30%	CYD/30%	CYD/20%	CYD/0%
Pharmacy							
FDA-approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Generic	\$15 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$15 copay	CYD/0%
Preferred Brand	\$40 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$40 copay	CYD/0%
Non-Preferred Brand	\$60 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$60 copay	CYD/0%
Specialty	20%	20%	20%	20%	20%	20%	CYD/0%
Radiology							
Routine X-Ray & Diagnostic	\$25 copay	\$30 copay	\$35 copay	\$25 / \$50 copay	\$30 / \$60 copay	\$20 copay	CYD/0%
CT Scan & MRI	\$250 copay	\$250 copay	\$1,000 copay	\$500 copay/CYD 30%	\$1,000 copay/ CYD 30%	\$200 copay	CYD/0%
Complex Diagnostic	\$350 copay	\$350 copay	\$2,000 copay	CYD 30%	\$1,000 copay/ CYD 30%	\$350 copay	CYD/0%
Maternity							
Prenatal Care & Delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	\$250 copay/CYD 30% per delivery	\$250 copay/CYD 30% per delivery	\$200 copay per delivery	CYD/0%
Delivery Room & Well-baby Hospital	CYD/20%	CYD/30%	CYD/40%	CYD \$2,000/CYD 30%	CYD/30%	CYD/20%	CYD/0%
Mental Health/Alcohol & Drug Abuse Services							
Inpatient	CYD/20%	CYD/30%	CYD/40%	CYD \$2,000/CYD 30%	CYD/30%	CYD/20%	CYD/0%
Outpatient	\$750 copay	\$1,000 copay	\$1,000 copay	\$500 copay/CYD 30%	\$1,000/CYD 30%	\$750 copay	CYD/0%
Office Visit	\$25 copay	\$30 copay	\$35 copay	\$25/\$50 copay	\$30/\$60 copay	\$20 copay	CYD/0%
Lab and Pathology							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/0%
Pediatric Dental & Vision - Diagnostic and Preventive (up to age 19)							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

¹ High Deductible Health Plans are subject to deductible first and benefits will be rendered at the contractual rate based upon type of service. Refer to the Summary of Benefits document for benefit details, limitations and exclusions. This document is for plan comparison purposes only.

*Indicates plans with national network access outside Nevada



2023/2024 Benefit Overview

All medical plan options were carefully designed for WCMS members. Businesses can offer up to THREE different health plans, so employees have a choice when it comes to what works best for them. Benefits listed below are in-network.

PLANS RENEW AUGUST 1, 2024

In-Network Benefits	HMO 2000	HMO 3000	HMO 6000	POS 3000 HMO/PPO*	POS 5000 HMO/PPO*	PPO 2500*	PPO HDHP 3000* ¹
Calendar Year Deductible (CYD)							
Individual	\$2,000	\$3,000	\$6,000	\$3,000/\$3,500	\$5,000/\$5,500	\$2,500	\$3,000
Family	\$6,000	\$6,000	\$12,000	\$6,000/\$7,000	\$10,000/\$11,000	\$5,000	\$6,000
Coinsurance							
	20%	30%	40%	30%	30%	30%	10%
Out-of-Pocket Maximum							
Single	\$6,850	\$8,150	\$8,150	\$6,850/\$8,150	\$7,300/\$8,000	\$8,150	\$5,000
Family	\$13,700	\$16,300	\$16,300	\$13,700/\$16,300	\$14,600/\$16,000	\$16,300	\$10,000
Provider Office Visits							
Telemedicine - Teladoc	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay
Primary Care Provider (PCP)	\$25 copay	\$30 copay	\$35 copay	\$25/\$50 copay	\$30/\$60	\$30 copay	CYD/10%
wellPORTAL Primary Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay
Specialist	\$50 copay	\$60 copay	\$70 copay	\$50/\$80 copay	\$60/\$90	\$60 copay	CYD/10%
Emergency/Urgent Care							
Ambulance – Ground & Air	\$250 copay per trip	\$500 copay per trip	\$1,000 copay per trip	\$500 copay per trip	\$1,000 copay	\$500 copay per trip	CYD/10%
Emergency Room	CYD	CYD/\$2,000 copay	\$2,000 copay	CYD 30%	\$1,000 copay	CYD/30%	CYD/10%
Urgent Care	\$50 copay	\$60 copay	\$70 copay	\$50/\$100 copay	\$50/ \$100 copay	\$50 copay	CYD/10%
Hospital/Facility/Surgical							
Outpatient Surgical	\$250 copay	\$500 copay	\$1,000 copay	\$500 copay/CYD 30%	\$1,000 copay/ CYD 30%	\$500 copay	CYD/10%
Inpatient Hospital	CYD/\$1,000 copay	CYD/\$2,000 copay	CYD/40%	CYD \$2,000/CYD 30%	CYD/30%	CYD/30%	CYD/10%
Pharmacy							
FDA-approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Generic/Brand/Non-Brand	\$15/\$40/\$60	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$10/\$30/\$50	CYD/10%
Specialty	20%	20%	20%	20%	20%	20%	CYD/10%
Radiology							
Routine X-Ray & Diagnostic	\$25 copay	\$30 copay	\$35 copay	\$25/\$50 copay	\$30/\$60 copay	\$30 copay	CYD/10%
CT Scan & MRI	\$250 copay	\$500 copay	\$1,000 copay	\$500 copay/CYD 30%	\$1,000 copay/ CYD 30%	\$500 copay	CYD/10%
Complex Diagnostic	CYD/20%	CYD/30%	\$2,000 copay	CYD 30%	\$1,000 copay/ CYD 30%	CYD/ 30%	CYD/10%
Maternity							
Prenatal Care & Delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	\$250 copay/ CYD 30% per delivery	\$250 copay/CYD 30% per delivery	\$200 copay per delivery	CYD/10%
Delivery Room & Well-baby Hospital	CYD/\$1,000 copay	CYD/\$2,000 copay	CYD/40%	CYD \$2,000/CYD 30%	CYD/30%	CYD/30%	CYD/10%
Mental Health/Alcohol & Drug Abuse Services							
Inpatient	CYD/\$1,000 copay	CYD/\$2,000 copay	CYD/40%	CYD \$2,000/CYD 30%	CYD/30%	CYD/30%	CYD/10%
Outpatient	\$250 copay	\$500 copay	\$1,000 copay	\$500 copay/CYD 30%	\$1,000 copay/ CYD 30%	\$500 copay	CYD/10%
Office Visit	\$25 copay	\$30 copay	\$35 copay	\$25/\$50 copay	\$30 copay/ \$60 copay	\$30 copay	CYD/10%
Lab and Pathology							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/10%
Pediatric Dental & Vision - Diagnostic and Preventive (up to age 19)							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

¹ High Deductible Health Plans are subject to deductible first and benefits will be rendered at the contractual rate based upon type of service. Refer to the Summary of Benefits document for benefit details, limitations and exclusions. This document is for plan comparison purposes only.

*Indicates plans with national network access outside Nevada

2023/2024 Benefit Overview

All medical plan options were carefully designed for RSCC members. Businesses can offer up to THREE different health plans, so employees have a choice when it comes to what works best for them. Benefits listed below are in-network.

In-network Benefits	HMO 3000	HMO 4000	NEW PLAN! HMO 6000	HMO HD 3000 ¹	NEW PLAN! POS 1000* HMO/PPO	POS 2500* HMO/PPO	PPO 2000*	PPO HD 3000* ¹
Calendar Year Deductible (CYD)								
Single	\$3,000	\$4,000	\$6,000	\$3,000	\$1,000/\$1,500	\$2,500/\$3,000	\$2,000	\$3,000
Family	\$6,000	\$8,000	\$12,000	\$6,000	\$2,000/\$3,000	\$5,000/\$6,000	\$6,000	\$6,000
Coinsurance								
	20%	30%	40%	0%	20%	30%	30%	20%
Out-of-Pocket Maximum								
Single	\$7,500	\$8,150	\$8,150	\$3,000	\$4,000/\$6,500	\$7,500/\$8,150	\$7,500	\$6,900
Family	\$15,000	\$16,300	\$16,300	\$6,000	\$8,000/\$13,000	\$15,000/\$16,300	\$15,000	\$13,800
Provider Office Visits								
Telemedicine - Teladoc	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Primary Care Provider (PCP)	\$30 copay	\$35 copay	\$35 copay	CYD/0%	\$15/\$30 copay	\$30/\$35 copay	\$30 copay	CYD/20%
wellPORTAL Primary Care	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay
Specialist	\$60 copay	\$70 copay	\$70 copay	CYD/0%	\$30/\$60 copay	\$60/\$70 copay	\$60 copay	CYD/20%
Emergent/Urgent Care								
Ambulance – Ground & Air	CYD/20%	CYD/30%	\$1,000 copay per trip	CYD/0%	\$250 copay per trip	CYD 30%	CYD/30%	CYD/20%
Emergency Room	\$1,000 copay	\$1,000 copay	\$2,000 copay	CYD/0%	\$500 copay	\$1,000 copay	\$1,000 copay	CYD/20%
Urgent Care	\$50 copay	\$50 copay	\$70 copay	CYD/0%	\$50/\$100 copay	\$50/\$100 copay	\$50 copay	CYD/20%
Hospital/Facility/Surgical								
Outpatient Surgical	\$750 copay	\$1,000 copay	\$1,000 copay	CYD/0%	\$250 copay/ CYD 20%	\$1,000 copay/ CYD 30%	\$750 copay	CYD/20%
Inpatient Hospital	CYD/20%	CYD/30%	CYD/40%	CYD/0%	CYD \$1,000/ CYD 20%	CYD 30%	CYD/30%	CYD/20%
Pharmacy								
FDA- Approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Generic/Brand/Non-Brand	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	CYD/0%	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	CYD/20%
Specialty	20%	20%	20%	CYD/0%	20%	20%	20%	CYD/20%
Radiology								
Routine X-Ray & Diagnostic	\$50 copay	\$50 copay	\$35 copay	CYD/0%	\$15/\$30 copay	\$50 copay	\$50 copay	CYD/20%
CT Scan & MRI	\$1,000 copay	\$1,000 copay	\$1,000 copay	CYD/0%	\$250 copay/ CYD 20%	\$1,000 copay/ CYD 30%	\$1,000 copay	CYD/20%
Complex Diagnostic	\$1,000 copay	\$1,000 copay	\$2,000 copay	CYD/0%	\$250 copay/ CYD 20%	\$1,000 copay/ CYD 30%	\$1,000 copay	CYD/20%
Maternity								
Prenatal Care & Delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	CYD/0%	\$200 copay/ CYD 20% per delivery	\$200 copay/ CYD 30%	CYD/30%	CYD/20%
Delivery Room & Well-baby Hospital	CYD/20%	CYD/30%	CYD/40%	CYD/0%	CYD \$1,000 copay/ CYD 20%	CYD 30%	CYD/30%	CYD/20%
Mental Health/Alcohol & Drug Abuse Services								
Inpatient	CYD/20%	CYD/30%	CYD/40%	CYD/0%	CYD \$1,000/ CYD 20%	CYD 30%	CYD/30%	CYD/20%
Outpatient	\$750 copay	\$1,000 copay	\$1,000 copay	CYD/0%	\$250 copay/ CYD 20%	\$1,000 copay/ CYD 30%	\$750 copay	CYD/20%
Office Visit	\$30 copay	\$35 copay	\$35 copay	CYD/0%	\$15/\$30 copay	\$30/\$35 copay	\$30 copay	CYD/20%
Lab and Pathology								
	No Charge	No Charge	No Charge	CYD/0%	No Charge	No Charge	No Charge	CYD/20%
Pediatric Dental & Vision - Diagnostic and Preventive (up to age 19)								
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

¹ High Deductible Health Plans are subject to deductible first and benefits will be rendered at the contractual rate based upon type of service. Refer to the Summary of Benefits document for benefit details, limitations and exclusions. This document is for plan comparison purposes only.

*Indicates plans with national network access outside Nevada

2023/2024 Benefit Overview

All medical plan options were carefully designed for NNDS & SNDS members. Businesses can offer up to THREE different health plans, so employees have a choice when it comes to what works best for them. Benefits listed below are in-network.

PLANS RENEW SEPTEMBER 1, 2024

In-Network Benefits	HMO 2000	HMO 4000	HMO 6000	POS 4000* HMO/PPO	PPO 2500*	PPO HDHP 3000 10%* ¹
Calendar Year Deductible (CYD)						
Single	\$2,000	\$4,000	\$6,000	\$4,000/ \$4,000	\$2,500	\$3,000
Family	\$6,000	\$8,000	\$12,000	\$8,000/ \$8,000	\$5,000	\$6,000
Coinsurance						
	20%	30%	40%	30%	30%	10%
Out-of-Pocket Maximum						
Single	\$6,850	\$7,100	\$8,150	\$7,300/ \$8,000	\$8,150	\$5,000
Family	\$13,700	\$14,200	\$16,300	\$14,600/ \$16,000	\$16,300	\$10,000
Provider Office Visits						
Telemedicine - Teladoc	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Primary Care Provider (PCP)	\$25 copay	\$35 copay	\$35 copay	\$30/\$60 copay	\$30 copay	CYD/10%
wellPORTAL Primary Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay
Specialist	\$50 copay	\$70 copay	\$70 copay	\$60/\$90 copay	\$60 copay	CYD/10%
Emergent/Urgent Care						
Ambulance – Ground & Air	\$250 copay per trip	\$500 copay per trip	\$1,000 copay per trip	\$1,000 copay per trip	\$500 copay per trip	CYD/10%
Emergency Room	CYD	\$1,000 copay	\$2,000 copay	\$1,000 copay	CYD/30%	CYD/10%
Urgent Care	\$50 copay	\$70 copay	\$70 copay	\$50/\$100 copay	\$50 copay	CYD/10%
Hospital/Facility/Surgical						
Outpatient Surgical	\$250 copay	\$1,000 copay	\$1,000 copay	\$1,000 copay/ CYD 30%	\$500 copay	CYD/10%
Inpatient Hospital	CYD/\$1,000 copay	CYD/30%	CYD/40%	CYD/30%	CYD/30%	CYD/10%
Pharmacy						
FDA- Approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Generic/Brand/Non-Brand	\$15/\$40/\$60	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$10/\$30/\$50	CYD/10%
Specialty	20%	20%	20%	20%	20%	CYD/10%
Radiology						
Routine X-Ray & Diagnostic	\$25 copay	\$35 copay	\$35 copay	\$30/\$60 copay	\$30 copay	CYD/10%
CT Scan & MRI	\$250 copay	\$1,000 copay	\$1,000 copay	\$1,000 copay/ CYD 30%	\$500 copay	CYD/10%
Complex Diagnostic	CYD/20%	\$1,000 copay	\$2,000 copay	\$1,000 copay/ CYD 30%	CYD/ 30%	CYD/10%
Maternity						
Prenatal Care & Delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay/CYD 30% per delivery	\$200 copay per delivery	CYD/10%
Delivery Room & Well-baby Hospital	CYD/\$1,000 copay	CYD/30%	CYD/40%	CYD/30%	CYD/30%	CYD/10%
Mental Health/Alcohol & Drug Abuse Services						
Inpatient	CYD/\$1,000 copay	CYD/30%	CYD/40%	CYD/30%	CYD/30%	CYD/10%
Outpatient	\$250 copay	\$1,000 copay	\$1,000 copay	\$1,000 copay/ CYD 30%	\$500 copay	CYD/10%
Office Visit	\$25 copay	\$35 copay	\$35 copay	\$30/\$60 copay	\$30 copay	CYD/10%
Lab and Pathology						
	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/10%
Pediatric Dental & Vision - Diagnostic and Preventive (up to age 19)						
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

¹ High Deductible Health Plans are subject to deductible first and benefits will be rendered at the contractual rate based upon type of service. Refer to the Summary of Benefits document for benefit details, limitations and exclusions. This document is for plan comparison purposes only.

*Indicates plans with national network access outside Nevada



2023/2024 Benefit Overview

All medical plan options were carefully designed for NVLA members. Businesses can offer up to THREE different health plans, so employees have a choice when it comes to what works best for them. Benefits listed below are in-network.

PLANS RENEW OCTOBER 1, 2024

In-network Benefits	HMO 1000	HMO 4000	HMO 7000	POS 1000 HMO/PPO*	POS 4000 HMO/PPO*	POS 7500 HMO/PPO*	PPO HDHP 6900* ¹
Calendar Year Deductible (CYD)							
Individual	\$1,000	\$4,000	\$7,000	\$1,000/\$1,500	\$4,000/\$4,000	\$7,500/\$7,500	\$6,900
Family	\$3,000	\$8,000	\$14,000	\$2,000/\$3,000	\$8,000/\$8,000	\$15,000/\$15,000	\$13,800
Coinsurance							
	20%	30%	50%	20%	30%	30%	0%
Out-of-Pocket Maximum							
Single	\$4,000	\$7,100	\$8,150	\$4,000/\$6,500	\$7,300/\$8,000	\$8,550/\$8,550	\$6,900
Family	\$8,000	\$14,200	\$16,300	\$8,000/\$13,000	\$14,600/\$16,000	\$17,100/\$17,100	\$13,800
Provider Office Visits							
Telemedicine - Teladoc	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Primary Care Provider (PCP)	\$25 copay	\$35 copay	\$35 copay	\$15/\$30 copay	\$30/\$60 copay	\$30/\$60 copay	CYD/0%
wellPORTAL Primary Care (southern NV)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay
Specialist	\$50 copay	\$70 copay	\$70 copay	\$30/\$60 copay	\$60/\$90 copay	\$60/\$90 copay	CYD/0%
Emergency/Urgent Care							
Ambulance – Ground & Air	\$250 copay per trip	\$500 copay per trip	\$1,000 copay per trip	\$250 copay per trip	\$1,000 copay per trip	\$1,500 copay per trip	CYD/0%
Emergency Room	\$500 copay	\$1,000 copay	\$1,000 copay	\$500 copay	\$1,000 copay	\$1,500 copay	CYD/0%
Urgent Care	\$50 copay	\$70 copay	\$70 copay	\$50/\$100 copay	\$50/\$100 copay	\$50/\$100 copay	CYD/0%
Hospital/Facility/Surgical							
Outpatient Surgical	\$250 copay	\$1,000 copay	\$1,000 copay	\$250 copay/ CYD 20%	\$1,000 copay/ CYD 30%	\$1,500 copay/ CYD 30%	CYD/0%
Inpatient Hospital	CYD/\$1,000 copay	CYD/30%	CYD/50%	CYD \$1,000/ CYD 20%	CYD 30%/ CYD 30%	CYD 30%/ CYD 30%	CYD/0%
Pharmacy							
FDA-approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Generic/Brand/Non-Brand	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	CYD/0%
Specialty	20%	20%	20%	20%	20%	20%	CYD/0%
Radiology							
Routine X-Ray & Diagnostic	\$25 copay	\$35 copay	\$35 copay	\$15/\$30 copay	\$30/\$60 copay	\$30/\$60 copay	CYD/0%
CT Scan & MRI	\$250 copay	\$1,000 copay	\$1,000 copay	\$250 copay/ CYD 20%	\$1,000 copay/ CYD 30%	\$1,500 copay/ CYD 30%	CYD/0%
Complex Diagnostic	\$250 copay	\$1,000 copay	\$2,000 copay	\$250 copay/ CYD 20%	\$1,000 copay/ CYD 30%	\$1,500 copay/ CYD 30%	CYD/0%
Maternity							
Prenatal Care & Delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay/ CYD 20% per delivery	\$200 copay/ CYD 30% per delivery	\$200 copay/ CYD 30% per delivery	CYD/0%
Delivery Room & Well-baby Hospital	CYD/\$1,000 copay	CYD/30%	CYD/50%	CYD \$1,000 copay/ CYD 20%	CYD 30%/CYD 30%	CYD 30%/ CYD 30%	CYD/0%
Mental Health/Alcohol & Drug Abuse Services							
Inpatient	CYD/\$1,000 copay	CYD/30%	CYD/50%	CYD \$1,000/CYD 20%	CYD 30%/CYD 30%	CYD 30%/CYD 30%	CYD/0%
Outpatient	\$250 copay	\$1,000 copay	\$1,000 copay	\$250 copay/ CYD 20%	\$1,000 copay/ CYD 30%	\$1,500 copay/ CYD 30%	CYD/0%
Office Visit	\$25 copay	\$35 copay	\$35 copay	\$15/\$30 copay	\$30/\$60 copay	\$30/\$60 copay	CYD/0%
Lab and Pathology							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/0%
Pediatric Dental & Vision - Diagnostic and Preventive (up to age 19)							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

¹ High Deductible Health Plans are subject to deductible first and benefits will be rendered at the contractual rate based upon type of service. Refer to the Summary of Benefits document for benefit details, limitations and exclusions. This document is for plan comparison purposes only.

*Indicates plans with national network access outside Nevada



2023/2024 Benefit Overview

All medical plan options were carefully designed for CCBA members. Businesses can offer up to THREE different health plans, so employees have a choice when it comes to what works best for them. Benefits listed below are in-network.

PLANS RENEW OCTOBER 1, 2024

In-Network Benefits	HMO 2000	POS 1000* HMO/PPO	POS 3000* HMO/PPO	POS 5000* HMO/PPO	POS 7500* HMO/PPO	PPO 2500*	PPO HD 3000* ¹
Calendar Year Deductible (CYD)							
Individual	\$2,000	\$1,000/\$1,500	\$3,000/\$3,500	\$5,000/\$5,500	\$7,500/\$7,500	\$2,500	\$3,000
Family	\$6,000	\$2,000/\$3,000	\$6,000/\$7,000	\$10,000/\$11,000	\$15,000/\$15,000	\$5,000	\$6,000
Coinsurance							
	20%	20%	30%	30%	30%	30%	10%
Out-of-Pocket Maximum							
Single	\$6,850	\$4,000/\$6,500	\$6,850/\$8,150	\$7,300/\$8,000	\$8,550/\$8,550	\$8,150	\$5,000
Family	\$13,700	\$8,000/\$13,000	\$13,700/\$16,300	\$14,600/\$16,000	\$17,100/\$17,100	\$16,300	\$10,000
Provider Office Visits							
Telemedicine - Teladoc	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Primary Care Provider (PCP)	\$25 copay	\$15/\$30 copay	\$25/\$50 copay	\$30/\$60 copay	\$30/\$60 copay	\$30 copay	CYD/10%
wellPortal Primary Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay
Specialist	\$50 copay	\$30/\$60 copay	\$50/\$80 copay	\$60/\$90 copay	\$60/\$90 copay	\$60 copay	CYD/10%
Emergency/Urgent Care							
Ambulance – Ground & Air	\$250 copay per trip	\$250 copay per trip	\$500 copay per trip	\$1,000 copay	\$1,500 copay per trip	\$500 copay per trip	CYD/10%
Emergency Room	CYD	\$500 copay	CYD/30%	\$1,000 copay	\$1,500 copay	CYD/30%	CYD/10%
Urgent Care	\$50 copay	\$50/\$100 copay	\$50/\$100 copay	\$50/\$100 copay	\$50/\$100 copay	\$50 copay	CYD/10%
Hospital/Facility/Surgical							
Outpatient Surgical	\$250 copay	\$250 copay/ CYD 20%	\$500 copay/ CYD 30%	\$1,000 copay/ CYD 30%	\$1,500 copay/ CYD 30%	\$500 copay	CYD/10%
Inpatient Hospital	CYD/\$1,000 copay	CYD \$1,000/ CYD 20%	CYD \$2,000 copay/ CYD 30%	CYD/30%	CYD 30%/ CYD 30%	CYD/30%	CYD/10%
Pharmacy							
FDA-approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Generic/Brand/Non-Brand	\$15/\$40/\$60	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$10/\$30/\$50	CYD/10%
Specialty	20%	20%	20%	20%	20%	20%	CYD/10%
Radiology							
Routine X-Ray & Diagnostic	\$25 copay	\$15/\$30 copay	\$25/\$50 copay	\$30/ \$60 copay	\$30/\$60 copay	\$30 copay	CYD/10%
CT Scan & MRI	\$250 copay	\$250 copay/ CYD 20%	\$500 copay/ CYD 30%	\$1,000 copay/ CYD 30%	\$1,500 copay/ CYD 30%	\$500 copay	CYD/10%
Complex Diagnostic	CYD/20%	\$250 copay/ CYD 20%	CYD/30%	\$1,000 copay/ CYD 30%	\$1,500 copay/ CYD 30%	CYD/ 30%	CYD/10%
Maternity							
Prenatal Care & Delivery	\$200 copay per delivery	\$200 copay/CYD 20% per delivery	\$250 copay/CYD 30% per delivery	\$250 copay/CYD 30% per delivery	\$200 copay/CYD 30% per delivery	\$200 copay per delivery	CYD/10%
Delivery Room & Well-baby Hospital	CYD/\$1,000 copay	CYD \$1,000 copay/ CYD 20%	CYD \$2,000/ CYD 30%	CYD 30%/ CYD 30%	CYD 30%/CYD 30%	CYD/30%	CYD/10%
Mental Health/Alcohol & Drug Abuse Services							
Inpatient	CYD/\$1,000 copay	CYD \$1,000/ CYD 20%	CYD \$2,000/ CYD 30%	CYD 30%/ CYD 30%	CYD 30%/ CYD 30%	CYD/30%	CYD/10%
Outpatient	\$250 copay	\$250 copay/ CYD 20%	\$500 copay/ CYD 30%	\$1,000/ CYD 30%	\$1,500 copay/ CYD 30%	\$500 copay	CYD/10%
Office Visit	\$25 copay	\$15/\$30 copay	\$25/\$50 copay	\$30/\$60 copay	\$30/\$60 copay	\$30 copay	CYD/10%
Lab and Pathology							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/10%
Pediatric Dental & Vision - Diagnostic and Preventive (up to age 19)							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

¹ High Deductible Health Plans are subject to deductible first and benefits will be rendered at the contractual rate based upon type of service. Refer to the Summary of Benefits document for benefit details, limitations and exclusions. This document is for plan comparison purposes only.

*Indicates plans with national network access outside Nevada



2023/2024 Benefit Overview

All medical plan options were carefully designed for WCBA members. Businesses can offer up to THREE different health plans, so employees have a choice when it comes to what works best for them. Benefits listed below are in-network.

PLANS RENEW OCTOBER 1, 2024

In-Network Benefits	HMO 2000	POS 1000* HMO/PPO	POS 3000* HMO/PPO	POS 5000* HMO/PPO	POS 7500* HMO/PPO	PPO 2500*	PPO HD 3000* ¹
Calendar Year Deductible (CYD)							
Individual	\$2,000	\$1,000/\$1,500	\$3,000/\$3,500	\$5,000/\$5,500	\$7,500/\$7,500	\$2,500	\$3,000
Family	\$6,000	\$2,000/\$3,000	\$6,000/\$7,000	\$10,000/\$11,000	\$15,000/\$15,000	\$5,000	\$6,000
Coinsurance							
	20%	20%	30%	30%	30%	30%	10%
Out-of-Pocket Maximum							
Single	\$6,850	\$4,000/\$6,500	\$6,850/\$8,150	\$7,300/\$8,000	\$8,550/\$8,550	\$8,150	\$5,000
Family	\$13,700	\$8,000/\$13,000	\$13,700/\$16,300	\$14,600/\$16,000	\$17,100/\$17,100	\$16,300	\$10,000
Provider Office Visits							
Telemedicine - Teladoc	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Primary Care Provider (PCP)	\$25 copay	\$15/\$30 copay	\$25/\$50 copay	\$30/\$60 copay	\$30/\$60 copay	\$30 copay	CYD/10%
Specialist	\$50 copay	\$30/\$60 copay	\$50/\$80 copay	\$60/\$90 copay	\$60/\$90 copay	\$60 copay	CYD/10%
Emergency/Urgent Care							
Ambulance – Ground & Air	\$250 copay per trip	\$250 copay per trip	\$500 copay per trip	\$1,000 copay	\$1,500 copay per trip	\$500 copay per trip	CYD/10%
Emergency Room	CYD	\$500 copay	CYD/30%	\$1,000 copay	\$1,500 copay	CYD/30%	CYD/10%
Urgent Care	\$50 copay	\$50/\$100 copay	\$50/\$100 copay	\$50/\$100 copay	\$50/\$100 copay	\$50 copay	CYD/10%
Hospital/Facility/Surgical							
Outpatient Surgical	\$250 copay	\$250 copay/ CYD 20%	\$500 copay/ CYD 30%	\$1,000 copay/ CYD 30%	\$1,500 copay/ CYD 30%	\$500 copay	CYD/10%
Inpatient Hospital	CYD/\$1,000 copay	CYD \$1,000/ CYD 20%	CYD \$2,000 copay/ CYD 30%	CYD/30%	CYD 30%/ CYD 30%	CYD/30%	CYD/10%
Pharmacy							
FDA-approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Generic/Brand/Non-Brand	\$15/\$40/\$60	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$10/\$30/\$50	CYD/10%
Specialty	20%	20%	20%	20%	20%	20%	CYD/10%
Radiology							
Routine X-Ray & Diagnostic	\$25 copay	\$15/\$30 copay	\$25/\$50 copay	\$30/ \$60 copay	\$30/\$60 copay	\$30 copay	CYD/10%
CT Scan & MRI	\$250 copay	\$250 copay/ CYD 20%	\$500 copay/ CYD 30%	\$1,000 copay/ CYD 30%	\$1,500 copay/ CYD 30%	\$500 copay	CYD/10%
Complex Diagnostic	CYD/20%	\$250 copay/ CYD 20%	CYD/30%	\$1,000 copay/ CYD 30%	\$1,500 copay/ CYD 30%	CYD/ 30%	CYD/10%
Maternity							
Prenatal Care & Delivery	\$200 copay per delivery	\$200 copay/CYD 20% per delivery	\$250 copay/CYD 30% per delivery	\$250 copay/CYD 30% per delivery	\$200 copay/CYD 30% per delivery	\$200 copay per delivery	CYD/10%
Delivery Room & Well-baby Hospital	CYD/\$1,000 copay	CYD \$1,000 copay/ CYD 20%	CYD \$2,000/ CYD 30%	CYD 30%/ CYD 30%	CYD 30%/CYD 30%	CYD/30%	CYD/10%
Mental Health/Alcohol & Drug Abuse Services							
Inpatient	CYD/\$1,000 copay	CYD \$1,000/ CYD 20%	CYD \$2,000/ CYD 30%	CYD 30%/ CYD 30%	CYD 30%/ CYD 30%	CYD/30%	CYD/10%
Outpatient	\$250 copay	\$250 copay/ CYD 20%	\$500 copay/ CYD 30%	\$1,000/ CYD 30%	\$1,500 copay/ CYD 30%	\$500 copay	CYD/10%
Office Visit	\$25 copay	\$15/\$30 copay	\$25/\$50 copay	\$30/\$60 copay	\$30/\$60 copay	\$30 copay	CYD/10%
Lab and Pathology							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/10%
Pediatric Dental & Vision - Diagnostic and Preventive (up to age 19)							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

¹ High Deductible Health Plans are subject to deductible first and benefits will be rendered at the contractual rate based upon type of service. Refer to the Summary of Benefits document for benefit details, limitations and exclusions. This document is for plan comparison purposes only.

*Indicates plans with national network access outside Nevada



2023 BENEFIT OVERVIEW

Statewide HMO with no specialist referrals for members; benefits listed below are in-network;
* indicates plans with national network access outside Nevada

PLANS RENEW JANUARY 1, 2024

GROUPS CAN CHOOSE UP TO THREE ASSOCIATION HEALTH PLANS TO ENROLL

In-Network Benefits	HMO 2000	HMO 7000	POS 1000* HMO/PPO	POS 3000* HMO/PPO	NEW PLAN! POS 5000* HMO/PPO	POS 7500 HMO/PPO*	NEW PLAN! PPO HDHP 3000* ¹
Calendar Year Deductible (CYD)							
Single	\$2,000	\$7,000	\$1,000/\$1,500	\$3,000/\$3,500	\$5,000/\$5,500	\$7,500/\$7,500	\$3,000
Family	\$6,000	\$14,000	\$2,000/\$3,000	\$6,000/\$7,000	\$10,000/\$11,000	\$15,000/\$15,000	\$6,000
Coinsurance							
	20%	50%	20%	30%	30%	30%	10%
Out-of-Pocket Maximum							
Single	\$6,850	\$8,150	\$4,000/\$6,500	\$6,850/\$8,150	\$7,300/\$8,000	\$8,550/\$8,550	\$5,000
Family	\$13,700	\$16,300	\$8,000/\$13,000	\$13,700/\$16,300	\$14,600/\$16,000	\$17,100/\$17,100	\$10,000
Provider Office Visits							
Telemedicine - Teladoc	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	CYD/\$0 copay
Primary Care Provider (PCP)	\$25 copay	\$35 copay	\$15/\$30 copay	\$25/\$50 copay	\$0 copay	\$30/\$60 copay	CYD/10%
wellPortal Primary Care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$30/\$60	\$0 copay	CYD/10%
Specialist	\$50 copay	\$70 copay	\$30/\$60 copay	\$50/\$80 copay	\$60/\$90 copay	\$60/\$90 copay	CYD/10%
Emergency/Urgent Care							
Ambulance – Ground & Air	\$250 copay per trip	\$1,000 copay per trip	\$250 copay per trip	\$500 copay per trip	\$1,000 copay per trip	\$1,500 copay per trip	CYD/10%
Emergency Room	CYD	\$1,000 copay	\$500 copay	CYD/30%	\$1,000 copay	\$1,500 copay	CYD/10%
Urgent Care	\$50 copay	\$70 copay	\$50/\$100 copay	\$50/\$100 copay	\$50/\$100 copay	\$50/\$100 copay	CYD/10%
Hospital/Facility/Surgical							
Outpatient Surgical	\$250 copay	\$1,000 copay	\$250 copay/ CYD 20%	\$500 copay/ CYD 30%	\$1,000 copay/ CYD 30%	\$1,500 copay/ CYD 30%	CYD/10%
Inpatient Hospital	CYD/\$1,000 copay	CYD/50%	CYD \$1,000/ CYD 20%	CYD \$2,000/ CYD 30%	CYD 30%/ CYD 30%	CYD 30%/ CYD 30%	CYD/10%
Pharmacy							
FDA-approved Preventive	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Generic/Brand/Non-Brand	\$15/\$40/\$60	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	\$25/\$50/\$75	CYD/10%
Specialty	20%	20%	20%	20%	20%	20%	CYD/10%
Radiology							
Routine X-Ray & Diagnostic	\$25 copay	\$35 copay	\$15/\$30 copay	\$25/\$50 copay	\$30/\$60 copay	\$30/\$60 copay	CYD/10%
CT Scan & MRI	\$250 copay	\$1,000 copay	\$250 copay/ CYD 20%	\$500 copay/ CYD 30%	\$1,000 copay/ CYD 30%	\$1,500 copay/ CYD 30%	CYD/10%
Complex Diagnostic	CYD/20%	\$1,000 copay	\$250 copay/ CYD 20%	CYD 30%	\$1,000 copay/ CYD 30%	\$1,500 copay/ CYD 30%	CYD/10%
Maternity							
Prenatal Care & Delivery	\$200 copay per delivery	\$200 copay per delivery	\$200 copay/CYD 20% per delivery	\$250 copay/CYD 30% per delivery	\$200 copay/CYD 30% per delivery	\$200 copay/ CYD 30%	CYD/10%
Delivery Room & Well-baby Hospital	CYD/\$1,000 copay	CYD/50%	CYD \$1,000 copay/ CYD 20%	CYD \$2,000 copay/ CYD 30%	CYD 30%/ CYD 30%	CYD 30%/ CYD 30%	CYD/10%
Mental Health/Alcohol & Drug Abuse Services							
Inpatient	CYD/\$1,000 copay	CYD/50%	CYD \$1,000/ CYD 20%	CYD \$2,000/ CYD 30%	CYD 30%/ CYD 30%	CYD 30%/ CYD 30%	CYD/10%
Outpatient	\$250 copay	\$1,000 copay	\$250 copay/ CYD 20%	\$500 copay/ CYD 30%	\$1,000 copay/ CYD 30%	\$1,500 copay/ CYD 30%	CYD/10%
Office Visit	\$25 copay	\$35 copay	\$15/\$30 copay	\$25/\$50 copay	\$30/\$60 copay	\$30/\$60 copay	CYD/10%
Lab and Pathology							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	CYD/10%
Pediatric Dental & Vision - Diagnostic and Preventive (up to age 19)							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

¹ High Deductible Health Plans are subject to deductible first and benefits will be rendered at the contractual rate based upon type of service.
Refer to the Summary of Benefits document for benefit details, limitations and exclusions. This document is for plan comparison purposes only.

Association Health Plan Underwriting & Enrollment Requirements

Open Enrollment/Quoting Period

Small employer groups can enroll into an Association Health Plan throughout the year.

Renewal Dates

Dates vary depending upon the organization offering the Association Health Plans.

Contact **PHP-groupquotes@uhsinc.com** for more information.

Benefit Plans

Employer groups have a variety of benefit plans from which to choose. Please refer to organization-specific documents for detailed plan designs. Employer groups can enroll into three plans or less.

Counties

Employer groups must be headquartered in designated counties specific to the industry association.

Membership

At the time of enrollment, employer groups must be members of the designated industry association.

Group Types

- Newly formed employer groups in business at least one year (*proof of business license and establishment date*).
- Virgin employer groups in business at least one year (*no prior insurance, must provide proof of business, payroll and, if required, quarterly wages and tax documents*).

Group Size / Enrollment

(including in-state and out-of-state requirements)

- Small Employer Groups – Two to 50 full-time eligible employees.
- Minimum Enrollees – Two full-time enrolled employees, unrelated and after creditable coverage waivers. Sole Proprietors and one employee are not allowed.
- Participation – 75% of the staff excluding waivers due to creditable coverage.
- Document the number of employees who waive due to creditable coverage in section 5D on the Master Application.
- Employer Contribution – minimum of 50% of the employee cost.
- Out-of-state employees cannot exceed **50%** of in-state employees enrolled.
- Documents to Complete – Master Application and Member Enrollment forms.

Rates

- Quoted rates are subject to change and are based on a group's final enrollment census.
- 30-day Enrollment Audit – After the initial enrollment/effective date, a 30-day audit will be conducted to confirm that no material changes to the initial enrollment have occurred.
 - If there is a significant change in the first 30 days, rates could change. Prominence Health Plan reserves the right, based on termed and/or additional members added, to adjust the rates retroactively to the first day of the policy period.
 - After the 30-day enrollment audit, no subsequent enrollment changes will be audited until the regularly scheduled renewal.

ENROLLMENT PROCESS

1) Quote

Complete the provided census sheet and submit to **php-groupquotes@uhsinc.com**. Your Sales Retention Representative will then follow-up with you.

Member details include:

- Gender & date of birth
- Zip code (*used if members reside out of state*)
- Enrollment tier (Employee-EE; Employee Spouse-ES; Employee & Child-EC; Employee & Family-EF)
- Current carrier
- Current renewal date

2) Enrollment

Complete the provided enrollment forms and submit to **php-groupquotes@uhsinc.com**.

Forms include:

- Master Group Application
- New Enrollment Member Enrollment forms (*Spanish Available*)
- New Member Continuity of Care forms (*if applicable*) (*Spanish Available*)
- Premium payment: Complete the Prominence ACH form to process your initial and monthly premiums

The logo for Prominence Health Plan features the word "Prominence" in a large, dark blue serif font, with a small red diamond above the letter "i". Below it, the words "Health Plan" are written in a smaller, red sans-serif font.